

F22000003066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

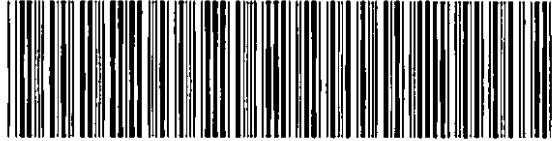
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 MAY 17 AM 9:15
TALLAHASSEE, FLORIDA

RECEIVED
2022 MAY 17 AM 11:27
CORPORATION SERVICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

S. ROBERTS
MAY 17 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 683621 7936825
AUTHORIZATION : 
COST LIMIT : \$170.00

ORDER DATE : May 17, 2022
ORDER TIME : 9:30 AM
ORDER NO. : 683621-005
CUSTOMER NO: 7936825

FOREIGN FILINGS

NAME: TROPICAL ROOFING PRODUCTS,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Tropical Roofing Products, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 88-1370636
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/21/22 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 04/29/22
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 310 Quadral Dr., Wadsworth, Ohio 44281
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, FL 32301
(City) (Zip code)

2022 MAY 17 AM 9:15
FILED
TALLAHASSEE, FL

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Elizabeth Harris Elizabeth Harris, assistant VP
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Pierre-Etienne Bindschedler
 Vice Chairman Address: SOPREMA S.A.S. Headquarters
 Director 14 rue de Saint Nazaire
 President Strasbourg, France 67029
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Mark L. Dolan
 Vice Chairman Address: SOPREMA US
 Director 310 Quadral Dr.
 President Wadsworth, OH 44281
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

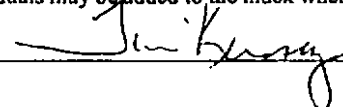
Chairman Name: Richard Voyer
 Vice Chairman Address: SOPREMA Canada
 Director 1688 Jean-Berchmans-Michaud
 President Drummondville, Québec J2C 8E9
 Vice President Canada
 Secretary Treasurer
 Other Executive Vice President Other _____

Chairman Name: Richard Oliva
 Vice Chairman Address: SOPREMA US
 Director 310 Quadral Dr.
 President Wadsworth, OH 44281
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Tim Kersey
 Vice Chairman Address: SOPREMA US
 Director 310 Quadral Dr.
 President Wadsworth, OH 44281
 Vice President _____
 Secretary Treasurer
 Other CEO - U.S. Operations Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Tim Kersey, CEO - U.S. Operations
 (Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TROPICAL ROOFING PRODUCTS, INC., an Ohio corporation, Charter No. 4839239, having its principal location in Wadsworth, County of Medina, was incorporated on March 21, 2022 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of May, A.D. 2022.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202213301204